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## FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Environmental Protection Agency Region II		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) CS-36000115		Page 1 of 1 pages
3. Recipient Organization (Name and complete address including Zip code) New York State Department Of Environmental Conservation 10th Floor, 625 Broadway, Albany, NY 12233-5022				
4a. DUNS Number 806780912	4b. EIN 14-6013200	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) GMS INUM 1827	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	7. Basis of Accounting X Cash <input type="checkbox"/> Accrual
8. Project/Grant Period From: (Month, Day, Year) 10/01/2014		To: (Month, Day, Year) 09/30/2021	9. Reporting Period End Date (Month, Day, Year) 09/30/2017	
10. Transactions (Use lines a-c for single or multiple grant reporting) Federal Cash (To report multiple grants, also use FFR Attachment): a. Cash Receipts b. Cash Disbursements c. Cash on Hand (line a minus b) (Use lines d-o for single grant reporting) Federal Expenditures and Unobligated Balance: d. Total Federal funds authorized e. Federal share of expenditures f. Federal share of unliquidated obligations g. Total Federal share (sum of lines e and f) h. Unobligated balance of Federal funds (line d minus g) Recipient Share: i. Total recipient share required j. Recipient share of expenditures k. Remaining recipient share to be provided (line i minus j) Program Income: l. Total Federal program income earned m. Program income expended in accordance with the deduction alternative n. Program income expended in accordance with the addition alternative o. Unexpended program income (line l minus line m or line n)				Cumulative
11. Indirect Expense				
12. Remarks:				
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)				
a. Typed or Printed Name and Title of Authorized Certifying Official Nancy W. Lussier, Director of Management and Budget Services			c. Telephone (Area code, number and extension) (518) 402-9376	
b. Signature of Authorized Certifying Official 			d. Email address	
			e. Date Report Submitted (Month, Day, Year) SEP 28 2017	
14. Agency use only:				

Standard Form 425 - Revised 10/11/2011  
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